

**X. ATTACHMENTS**

1. WMAP Allowable Audiology Procedure Codes.
2. Instructions for completion of the Physician Otological Report for Hearing Aid Evaluation (PA/OF).
3. Sample Physician Otological Report for Hearing Aid Evaluation.
4. Place of Service (POS) and Type of Service (TOS) codes for Audiology Services.
5. Place of Service (POS) and Type of Service (TOS) codes for Hearing Aid Dealer Services.
6. Paperless Claims Request Form.

## ATTACHMENT 1

## WMAF Allowable Audiology Procedure Codes

Effective July 1, 1990

<u>Procedure Code</u>	<u>Description</u>	<u>Copayment</u>
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	\$1.00/proc
92542	Positional nystagmus test; minimum of four positions, with recording	\$1.00/proc
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording	\$1.00/proc
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	\$1.00/proc
92545	Oscillating tracking test, with recording	\$1.00/proc
92546	Torsion swing test, with recording	\$1.00/proc
92547	Use of vertical electrodes in any or all of above tests counts as one additional test	\$1.00/proc
92551	Screening test, pure tone, air only	\$1.00/proc
92552	Pure tone audiometry (threshold); air only	\$1.00/proc
92553	Pure tone audiometry (threshold); air and bone	\$1.00/proc
92555	Speech audiometry; threshold only	\$1.00/proc
92556	Speech audiometry; threshold and discrimination	\$1.00/proc
92557***	Basic comprehensive audiometry (92553 and 92556 combined), (pure tone, air and bone, and speech, threshold and discrimination)	\$1.00/proc

\* Requires prior authorization.

\*\* Requires prior authorization unless POS is 1.

\*\*\* **Please Note:** Code 92557 includes codes 92552 through 92556 and should be billed when codes 92553 and 92556 are being billed for the same DOS.

\*\*\*\* **Please Note:** Code 92566 includes both code 92567 (tympanometry) and code 92568 (Acoustic Reflex Testing).

<u>Procedure Code</u>	<u>Description</u>	<u>Copayment</u>
92559	Audiometric testing of groups	\$1.00/proc
92560	Bekesy audiometry; screening	\$1.00/proc
92561	Bekesy audiometry; diagnostic	\$1.00/proc
92562	Loudness balance test, alternate binaural or monaural	\$1.00/proc
92563	Tone decay test	\$1.00/proc
92564	Short increment sensitivity index (SISI)	\$1.00/proc
92565	Stenger test, pure tone	\$1.00/proc
92566****	Impedance testing	\$1.00/proc
92567	Tympanometry	\$1.00/proc
92568	Acoustic reflex testing	\$1.00/proc
92569	Acoustic reflex decay test	\$1.00/proc
92571	Filtered speech test	\$1.00/proc
92572	Staggered spondaic word test	\$1.00/proc
92573	Lombard test	\$1.00/proc
92574	Swinging story test	\$1.00/proc
92575	Sensorineural acuity level test	\$1.00/proc
92576	Synthetic sentence identification test	\$1.00/proc
92577	Stenger test, speech	\$1.00/proc
92578	Delayed auditory feedback test	\$1.00/proc
92580	Electrodermal audiometry	\$1.00/proc
92581**	Evoked response audiometry	\$1.00/proc
92582	Conditioning play audiometry	\$1.00/proc
92583	Select picture audiometry	\$1.00/proc
92584	Electrocochleography	\$1.00/proc

<u>Procedure Code</u>	<u>Description</u>	<u>Copayment</u>
92585**	Brainstem evoked response recording	\$1.00/proc
92589	Central auditory function test(s) (specify)	\$1.00/proc
92590	Hearing aid exam and selection; monaural	\$1.00/proc
92591	Hearing aid exam and selection; binaural	\$1.00/proc
92592	Hearing aid check; monaural	\$1.00/proc
92593	Hearing aid check; binaural	\$1.00/proc
92594	Electroacoustic evaluation for hearing aid; monaural	\$1.00/proc
92595	Electroacoustic evaluation for hearing aid; binaural	\$1.00/proc
92596	Ear protector attenuation measurements	\$1.00/proc
92599	Unlisted otorhinolaryngologic service or procedure	\$1.00/proc
<u>Aural Rehabilitation</u>		
92507*	Speech, language or hearing therapy; individual	\$1.00/30 minutes
92508*	Speech, language or hearing therapy; group	\$1.00/30 minutes

ATTACHMENT 2

**Instructions for Completion  
of the  
Physician Otological Report for  
Hearing Aid Evaluation  
(PA/OF)**

1. Complete each item on the form.
2. Give the recipient the first copy; retain the second copy for your records.

\*\*\*\*\*

**ELEMENT 1 - PHYSICIAN NAME AND ADDRESS**

Enter your name and complete address, including Zip Code.

**ELEMENT 2 - TELEPHONE NUMBER**

Enter your telephone number, including the Area Code.

**ELEMENT 3 - PROVIDER NUMBER**

Enter your eight (8) digit Medical Assistance provider number.

**ELEMENT 4 - SIGNATURE AND DATE OF EVALUATION**

Upon completion of your evaluation, enter your signature and date of the evaluation in this element.

**ELEMENT 5 - MEDICAL ASSISTANCE NUMBER**

Enter recipient's ten (10) digit Medical Assistance identification number as indicated on the current Medical Assistance Identification Card.

**ELEMENT 6 - RECIPIENT'S NAME**

Enter the recipient's last name, first name and middle initial as it appears on the Medical Assistance Identification Card.

**ELEMENT 7 - RECIPIENT'S ADDRESS**

Enter the complete address of the recipient's place of residence; if the recipient is a resident of a nursing home, enter the name and address of the nursing home.

**ELEMENT 8 - RECIPIENT'S SEX**

Specify if male or female with an "X".

**ELEMENT 9 - DATE OF BIRTH**

Enter recipient's date of birth in MM/DD/YY format (e.g., January 5, 1978 would be 01/05/78) as it appears on the Medical Assistance Identification Card.

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The remainder of the form is used to document your otological evaluation of the patient. Use additional paper if needed, attaching it to the form.

**ITEM 7 (Physician's Recommendations)** must be completed. Completion of Item 7 ensures that the patient is appropriately referred to a Wisconsin Medical Assistance certified audiologist or hearing aid dealer for the hearing evaluation. Forms submitted to the WMAP without a referral will be returned to the audiologist or hearing aid dealer.

- ☐ COMPLETE EACH ITEM ON FORM.  
☐ GIVE FIRST PAGE TO THE RECIPIENT  
 TO TAKE TO THE AUDIOLOGICAL CENTER.  
☐ RETAIN SECOND PAGE FOR YOUR FILES.

# PHYSICIAN OTOLOGICAL REPORT FOR HEARING AID EVALUATION

PA/OF

1 PHYSICIAN NAME, ADDRESS, ZIP CODE I. M. Provider 123 W. Williams Anytown, WI 53725		2 PHYSICIAN'S TELEPHONE NO. (XXX ) XXX-XXXX	4 DATE OF EVALUATION AND PHYSICIANS SIGNATURE MM/DD/YY DATE I. M. Provider SIGNATURE
3 PHYSICIAN'S MEDICAL ASSISTANCE NO. 87654321			
5 RECIPIENT'S MEDICAL ASSISTANCE ID NUMBER: 1234567890	6 RECIPIENT'S NAME (LAST, FIRST, M.I.) Recipient, Ima	7 RECIPIENT ADDRESS (STREET, CITY, STATE, ZIP CODE) 609 Willow Anytown, WI 53725	
8 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	9 DATE OF BIRTH MM/DD/YY		

1. Pertinent medical history regarding hearing loss: Client has extensive history of hearing problems. Client indicates she has never worn amplification.

## 2. Pertinent otological findings:

EAR CANALS	NORMAL	DISCHARGE	EXTERNAL OTITIS		OBSTRUCTED	OTHER
Right		X	X	wax		
				other		
Left	X			wax	X	
				other		
EAR DRUMS	NORMAL	PERFORATED	DISCHARGE			OTHER
Right	X					
Left		X				
MIDDLE EAR	NORMAL	SECRETORY	CHRONIC OTITIS			OTHER
Right			X			
Left	X					

ADDITIONAL OTOLOGICAL FINDINGS: Please indicate results of special studies such as caloric and postural tests, recruitment tests, etc.

Above testing revealed no abnormal conditions. Tympanometry was within normal limits.

3. Clinical Diagnosis of Hearing Status: sensori-neural loss right ear  
conductive loss left

4. Other Known Medical/Cognitive/Developmental Problems: None

5. Medical Contraindications to the Use of an Air Conduction Type Hearing Aid in Either Ear: draining in left ear prohibits use of hearing aid unless closely monitored

6. The use of Non-allergenic Earmold Material (is) (is not) recommended: is not

## 7. Physician's Recommendations:

- a. ☐ Hearing Evaluation by an Audiologist is necessary due to Medical/Cognitive/Developmental or other needs, or because patient is younger than 22 years of age.
- ☐ Hearing Evaluation can be conducted by a Hearing Aid Dealer. (Patient's Medical/Cognitive/Developmental Condition does not require services by an audiologist.) Patient must be age 22 years or older to be referred to a hearing aid dealer.
- ☒ Hearing Evaluation can be conducted by an Audiologist or by a Hearing Aid Dealer.
- b. ☒ Requires Hearing Test in Home.

ATTACHMENT 4  
AUDIOLOGY SERVICES  
Effective July 1, 1990

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ALLOWABLE PLACES OF SERVICE (POS) TABLE

<u>POS</u>	<u>Description</u>
1	Inpatient Hospital
3	Office
4	Home
7	Nursing Home
8	Skilled Nursing Facility

ALLOWABLE TYPES OF SERVICE (TOS) TABLE

<u>TOS</u>	<u>Description</u>
B	Diagnostic Medical (Total)
P	Purchase
R	Rental



ATTACHMENT 5  
HEARING AID DEALER SERVICES  
Effective July 1, 1990

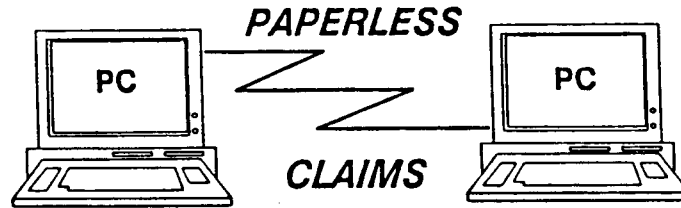
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ALLOWABLE PLACE OF SERVICE (POS) TABLE

<u>POS</u>	<u>Description</u>
1	Inpatient Hospital
3	Office
4	Home
7	Nursing Home
8	Skilled Nursing Facility

ALLOWABLE TYPE OF SERVICE (TOS) TABLE

<u>TOS</u>	<u>Description</u>
P	Purchase
R	Rental






## EXPERIENCE THE DIFFERENCE

Now is the time to explore the many advantages of "paperless" claims. EDS provides the information and technology to assist you in implementing electronic claims for the Wisconsin Medical Assistance Program (WMA). Join the thousands of providers using electronic claims and experience the difference:

- Improved Cash Flow
- Reduced Clerical Effort
- Fewer Claim Rejections
- Flexible Submission Methods
- Adaptability to Existing Systems

EDS publishes specifications for the following three forms of electronic claims:

-  - Tape-to-tape allows EDS to receive billing information through magnetic tape. The specifications are available to you upon request.
-  - Electronic claims submission (ECS) uses personal or other computers to transmit billing information over the telephone line.
-  - 3780 Protocol is an IBM standard protocol that several IBM mini or main frame systems have installed for a communication link.

EDS offers free software and consultation services to get you started right. To receive the software and/or specifications, complete the reverse side of this document and return to EDS.

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CALL EDS (608-221-4746) TODAY!**

# PAPERLESS CLAIMS REQUEST FORM

Please complete this form if you want additional information on electronic billing.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Service(s) Provided: \_\_\_\_\_

Estimated Monthly Medicaid Claims Filed: \_\_\_\_\_

\*\*\*\*\*

1. Do you currently submit your Medicaid claims on paper? ☐ YES ☐ NO

2. Are your Medicaid claims computer generated on paper ☐ YES ☐ NO

3. Do you use a billing service? ☐ YES ☐ NO

If the answer is YES to #2 or #3, please complete the following:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. Do you have an in-house computer system? ☐ YES ☐ NO

If YES, type of computer system:

a. Large main frame  
(e.g., IBM 360, Burroughs 3800)

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

b. Mini-Computer  
(e.g., IBM System 34, or 36 TI 990)

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

c. Micro-Computer  
(e.g., IBM PC, COMPAQ, TRS 1000)

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

5. Please send the paperless claims manual for:



☐ magnetic tape submission



☐ telephone transmission (EDS free software) ☐ 3-1/2" ☐ 5-1/2"

(NOTE: EDS does not supply the 3-1/2" diskette. If you need this size, please send a blank formatted diskette with your request.)



☐ telephone transmission (3780 protocol transmission)

Return To: EDS  
Attn: EMC Department  
6406 Bridge Road  
Madison, WI 53784-0009